U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



| 1. File Number U - 01942                  |  |  | 2. Fiscal   | 2. Fiscal Year Covered From:  1  |   |              |                |  |
|---|--|--|---|--|---|--------------|----------------|--|
| 3. Name and address of person filing.     |  |  |   | Name, file number, and address of labor organization.  |   |              |                |  |
| lame Mary E Bunn                          |  |  | Name  | Name International Union UAW   |   |              |                |  |
|   |  |  | Labor   | Organization File Nu   | umber 000-145   | 9            |                |  |
| P.O. Box, Bldg., Room No., if any         |  |  |   | P.O. Box, Building and Room Number, if any   |   |              |                |  |
| treet                                     | 8000 East Jefferson  |  |   | Street 8000 East Jefferson   |   |              |                |  |
| ity                                       | Detroit  |  | City  | Detroit  |   |              |                |  |
|   | Michigan   | ZIP Code + 4 48214   | State   | Michigan   |   | ZIP Code + 4 | 48214          |  |
|   | on in labor organization.  |  | ALL COLORS  | rii gaii   |   |              | 15505.55555555 |  |
| oneta                                     | f an interest in, engaged in to  | (except as specified in the<br>ransactions (including loans) with<br>whose employees your organ  | th, or derived in<br>nization repre   | ncome or other eco   | ons):<br>onomic benefit of<br>onomic benefit of<br>onomic benefit of                              |              | nterests       |  |
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| Name Name Trade P.O. B Street City State  | d an interest in, engaged in trary value from an employer and address of Employer (including Name, if any:  Sox, Bldg., Room No., if any  signature and verification. The litted in this report (including the | (except as specified in the ransactions (including loans) with whose employees your organ luding trade name, if any).                          | e exclusions set th, or derived in nization repre  7.a. Nat  7.b. Am  Signature alty of Perjury an mpanying docur | forth in the instruction come or other ecosents or is actively ture of Interest, Transmount. | enalties of the law,  | esent.       | formation      |  |

| Name of Person Filing Mary Bunn  | File Number U- 01942   |
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| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization. | nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise                        |
| 8. Name and address of Business (including trade name, if any).  Name Meyer, Suozzi, English & Klein, PC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 501  Street 1350 Broadway  City New York  State New York  ZIP Code +4 10018   | 9. Business deals with:  a. Labor Organization b. Trust c. Employer  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  | 11.a. Nature of such dealing.  See attached sheet  |
| Street  City  State  ZIP Code + 4  | 11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  See attached sheet |
|  | 12.b. Amount. \$75,000   |
| C. Received from any employer (other than an employer covered upon from any labor relations consultant to an employer any payment of more  | nder parts A and B above)<br>ney or other thing of value.  |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  | 14.a. Nature of payment.   |
| 13.b. Is the Business an Employer or Consultant ?  | 14.b. Amount of payment.   |

Mary E. Bunn File Number U-1942 Attachment to Form LM-30 for period ending 12/31/2004

## Question 11.

In the ordinary course of business, each year the UAW retains more than 125 law firms, located in various parts of the United States. These law firms represent the UAW and its active and retired membership in a variety of legal disputes with employers and others. My husband, Jordan Rossen, is employed as an attorney at one of the law firms that provides representation to the UAW. The UAW was a well-established client of the firm before my husband joined the firm. The UAW's use of the firm is entirely in the ordinary course of business.

## Question 11a.

The UAW's expenses for legal fees for outside law firms as described above are reported on the UAW's LM-2 and ordinarily exceed \$3 million annually. That figure represents the amount paid in the aggregate to all of these outside law firms. Each individual firm receives only a small portion of that amount, with the actual amount paid to each firm varying considerably from year to year depending on the extent and nature of the work performed by such firm.

## Question 12.

My husband, Jordan Rossen, is employed as an attorney in the firm described in Question 11. His annual income for 2004 is set forth in Box 12a. The firm has many clients other than the UAW and only a small portion of this income is attributable to work performed by the firm on behalf of the UAW.